

# FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

Form Approved  
Office of Management and Budget  
No. 1215-0188  
Expires: 11-30-2002

**FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only	<b>1. FILE NUMBER</b> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	<b>2. PERIOD COVERED</b> <table style="width: 100%; border-collapse: collapse;"><tr><td></td><td style="text-align: center; font-size: small;">MO</td><td style="text-align: center; font-size: small;">DAY</td><td style="text-align: center; font-size: small;">YEAR</td></tr><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 40px; height: 20px;"></td></tr><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 40px; height: 20px;"></td></tr></table>		MO	DAY	YEAR									<b>3. (a) AMENDED</b> — If this is an amended report correcting a previously filed report, check here: <input style="float: right;" type="checkbox"/> <b>(b) TERMINAL</b> — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input style="float: right;" type="checkbox"/> <b>(c) SUBSIDIARY</b> — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input style="float: right;" type="checkbox"/>
	MO	DAY	YEAR												

IMPORTANT

**Peel off the address label from the back of the package and place it here.**

If the label information is correct, leave Items 4 through 8 blank.

If any of the label information is incorrect, complete Items 4 through 8.

**8. MAILING ADDRESS** *(Type or print in capital letters.)*  

**First Name**

**Last Name**

**P.O. Box • Building and Room Number** *(if any)*

**Number and Street**

**City**

**State**

**ZIP Code + 4**

<b>4. AFFILIATION OR ORGANIZATION NAME</b>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
<b>5. DESIGNATION</b> <i>(Local, Lodge, etc.)</i>	<b>6. DESIGNATION NUMBER</b>
<b>7. UNIT NAME</b> <i>(if any)</i>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
<b>9. Are your organization's records kept at its mailing address?</b> <i>(If "No," provide address in Item 56.)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	

**56. ADDITIONAL INFORMATION** *(If more space is needed, attach additional pages properly identified.)*

Item Number	
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Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. *(See Section VI on penalties in the instructions.)*

<b>57. SIGNED:</b> _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"><div>_____ Date</div><div>_____ Telephone Number</div></div>	<b>PRESIDENT</b> <i>(If other title, see instructions.)</i>	<b>58. SIGNED:</b> _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"><div>_____ Date</div><div>_____ Telephone Number</div></div>	<b>TREASURER</b> <i>(If other title, see instructions.)</i>
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